STATE OF SOUTH CAROLINA	1	
) BEFORE THE	
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe doa Doe's Limo) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA)	
Request for Suspension of Class C Charle ECEI Certificate	· NACKET	
D&L Limo/Taxi Service, LLC	2011 NUMBER: 2008 - 40 - T	
T,T,W,	f this your first time filing an application with the PSC, you will not have a Dookst Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.	
(Please type or print) Submitted by: Do X hung TAKi Service, UC	Delephone: (843) 442-8379	
Raddress: 886 Chilhouse Coad	AFax:	
Kidopullo, SC 29472	Other:	
8	Demail: Renciababy @ gol. Com	
NOTE: The cover sheet and information contained herein neither replaced as required by law. This form is required for use by the Public Service the filled out completely.	ces nor supplements the filing and service of pleadings or other papers: Commission of South Carolina for the purpose of docketing and must	
NATURE OF ACTION (Check all that apply)		
Application - Class A/A Restricted	Request for Name Change on Certificate	
Application - Class C Taxi	Request to Amend Scope of Authority	
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)	
Application - Class C Charter Bus	Request to Amend Passenger Limit	
Application - Class C Non-Emergency	Request	
Application - Class C Stretcher Van	Exhibit	
Application - Class E Household Goods	Late-Filed Exhibit	
Application - Class E Hazardous Waste	Letter	
Application	Proposed Order	
Request for Extension to Comply with Order	Publisher's Affidavit	
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter	
of Public Convenience and Necessity to be Rescinded	Response	
Request for Cancellation of Certificate	Return to Petition	
Request for Suspension	Other:	
Request for Reinstatement		
If you have a second of the se		
If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.		
Print Form Reset Form		

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 ~ 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
Please consider this as my Request for Suspension of Class C Taxi Certificate Number	:
Class C Charter Certificate Number	WAR & O CUII
Date: Date: Date: One of Company) Ostreet and or Malling Address) Date: Date:	(If applicable) Releville, DC 29472 ty, State, Zip Code) Alvens full (Co aunos
pursuant to Regulation 103-164 applications are to for the proposed suspension of service. Reason for Request for Suspension of Operations:	o state clearly and concisely the justification ween of Outsering a July Expanding foot in